

4 510(k) Summary of Safety and Effectiveness

<i>Date Summary Prepared</i>	October 13, 2010
<i>Manufacturer/Distributor /Sponsor</i>	Arthrex, Inc. 1370 Creekside Boulevard Naples, FL 34108-1945 USA
<i>510(k) Contact</i>	Courtney Smith Regulatory Affairs Project Manager Arthrex, Inc. 1370 Creekside Boulevard Naples, FL 34108-1945 USA Telephone: 239/643.5553, ext. 1720 Fax: 239/598.5508 Email: csmith@arthrex.com
<i>Trade Name</i>	Arthrex Tibial GraftBolt
<i>Common Name</i>	Screw, Fixation, Bone
<i>Product Code - Classification Name</i>	HWC – Screw, fixation, bone
<i>Predicate Devices</i>	K093912: Arthrex Tibial GraftBolt
<i>Device Description and Intended Use</i>	<p>The Arthrex Tibial GraftBolt consists of a pre-packaged mating sheath and a screw pair offered in two new sizes which extend the current size range.</p> <p>The Arthrex Tibial GraftBolt is intended to be used for fixation of tissue including ligament or tendon to bone and bone tendon during cruciate ligament reconstruction procedures.</p>
<i>Substantial Equivalence Summary</i>	<p>The Arthrex Tibial GraftBolt is substantially equivalent to the Arthrex Tibial GraftBolt (K093912), in which the basic features, materials and intended uses are the same. Any differences between the Tibial GraftBolt and the predicate are considered minor and do not raise questions concerning safety and effectiveness.</p> <p>The submitted mechanical testing data demonstrated that the ultimate load strength of the proposed devices meets or exceeds the minimum acceptance criteria.</p> <p>Based on the indication for use, technological characteristics, and the comparison to the predicate devices, Arthrex, Inc. has determined that the Arthrex Tibial GraftBolt is substantially equivalent to currently marketed predicate devices.</p>



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
10903 New Hampshire Avenue
Document Mail Center - WO66-G609
Silver Spring, MD 20993-0002

Arthrex, Inc.
c/o Ms. Courtney Smith
Regulatory Affairs Project Manager
1370 Creekside Boulevard
Naples, Florida 34108-1945

JAN 5 2011

Re: K103060
Trade/Device Name: Arthrex Tibial GraftBolt
Regulation Number: 21 CFR 888.3040
Regulation Name: Smooth or threaded metallic bone fixation fastener
Regulatory Class: Class II
Product Code: MBI
Dated: December 19, 2010
Received: December 22, 2010

Dear Ms. Smith:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21

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CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucml15809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mark N. Melkerson', with a date '11/11' written to the right.

Mark N. Melkerson
Director Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

3 Indications for Use Form

Indications for Use

510(k) Number: K103060

Device Name: Arthrex Tibial GraftBolt

Indications For Use:

The *Arthrex Tibial GraftBolt* is intended to be used for fixation of tissue including ligament or tendon to bone and bone tendon during cruciate ligament reconstruction procedures

Prescription Use X AND/OR Over-The-Counter Use _____

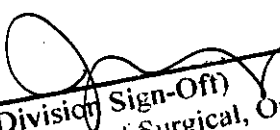
(Per 21 CFR 801 Subpart D)

(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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(Division Sign-Off)
Division of Surgical, Orthopedic,
and Restorative Devices
510(k) Number K103060